

... , - , , ;
... , , , , , .
... ,
-6 -10 .
:
-10 -6
:
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- ,
- , [1, 2].
, 40% <140/90 ,
) [2, 3]. (-
- , .
[2].
7 (Dutch TIA, PATS, HOPE,
PROGRESS 3)
15,527 ,
[3, 4].
« »

[2, 5].

-1, -6, (), B [6].

[4, 7, 8].

TEST Trial, Dutch TIA Trial (2004) [7, 9].

[3, 4].

« » [10, 11].

[12].

44 (23, 21) « », 12 : 16 - , 15 - (63±2,9) . : 18 , 1 , 6 , <45%,

14) (54±3,7) 30 (16)

c (), (), ().

. 1.

I –

	(n=30) [95%]	III (n=44) [95%]	
	54 [49-58]	62 [53-68]	>0,05
, %	14 (47)	21 (48)	>0,05
, / ²	24,3 [23-26]	27,2 [25-29]	>0,05
—	126 [123-132]	157 [153-165]	<0,05
.. . .	76 [73-79]	95 [92-98]	<0,05
, ./ .	77 [72-84]	74 [67-85]	>0,05
, /	2,3 [2,0-2,5]	3,7 [3,3-4,0]	<0,05
	-	13 [7-17]	NA
, I/II/III, %	-	39/32/29	NA
, %	-	5 (11,4)	NA
(I-II NYHA), %	-	4(9)	NA
(M)			
- ; NA - ; - ; -			

() - (. - -) [13].

IBL (). - 1

DRG (). -4, -6,

-10 -

« - » ().

, , , .

, , .

48

()

- 70°

(LF) (HF)

«DiaCard-II».

1 - . 25-50 .

[2]. « » 3 3 « »

(140/90 . . , - ())

(m), 95% (M) () . 2_ -

StatPlus 2009.

p<0,05.

’ . 2) . ,

- 1, -6 - -10 .

: 12 (27%) 3 ,

« » , 5 ,

62%. (. 2) , -6 - 1 ,

-10. - 1 ,

»

(. 3).

	(n=30) [95%]	III (n=44) [95%]	
			1
, . .	126 [123-132]	153 [149-164] ¹	137 [127-143]* ¹
, . .	76 [73-79]	96 [91-97] ¹	87 [83-93]*
, /	77 [72-84]	78 [69-86]	64 [55-68]* ¹
/ ,	154 [146-161]	221 [195-245] ¹	126 [119-163]*
- 1, /	125,9 [73,5- 178,2]	210 [181,3- 240,4] ¹	188 [160,6- 213,3] ¹
-4	0,2 [0,1-0,5]	0,6 [0,3-0,9]	0,4 [0,2-0,8]
-6	1,3 [0,5-2,1]	7,08 [4,9-10,2] ¹	2,7 [1,9-4,4]* ¹
-10	1,8 [0,95-2,6]	1,22 [0,71-1,88]	4,51 [2,0-7,14]* ¹
-	8,7 [2,5-13,0]	10,5 [8,6-12,4]	6,3 [3,8-9,7] *
¹ – p<0,05 ; * – p<0,05 ; - ; - ;			

	(n=44)	
	LF/HF<2,5 (n=19)	LH/HF 2,5 (n=25)
, . .	-7	-15*
, . .	-6	-9
n (%) ,	16 (84)	1 (4)*
, /	-9	-16
, /	-50	-115*
- 1, /	-11	-35*
-4 /	-0,3	-0,1
-6 /	-3,1	-5,7*
-10 /	+2,2	+3,9
- , /	-3,6	-4,5
* – p<0,05 ; 1; - ;		

LF/HF

2 :

LF/HF 2,5,

LF/HF 2,5,

- 1.

LH/HF 2,5

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 -10.
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 -6 - , -6
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 [15].
 ,
 [14].
 ,
 2-4 [11].
 ,
 -1 , 40% ,
 [10].
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 LF/HF
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 6. - 1 -
 2.

SUMMARY

NEUROHUMORAL AND AUTONOMIC REGULATION IN POST-STROKE HYPERTENSIVE PATIENTS TREATED WITH CARVEDILOL

Vizir V. A., Voloshyna I. M.,
Zaporozhye State Medical University

Article is devoted to evaluating the effect of carvedilol on neurohumoral and autonomic regulation in post-stroke hypertensive patients. We revealed that carvedilol reduced plasma mediators of sympathetic nervous system and provides anti-inflammatory effect by reducing the concentration of IL-6 and IL-10 increasing in the serum. Antihypertensive efficacy of carvedilol is dependent on the initial state autonomic balance in patients with hypertension combined with cerebrovascular disease.

Key words: hypertension, cerebral infarction, carvedilol.

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